

SURGICAL REMOVAL OF A FOREIGN BODY FROM DOG STOMACH : CASE REPORT

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Submission date: 14-Apr-2020 10:28AM (UTC+0800)

Submission ID: 1297021638

File name: Surgical_Ramoval_of_A_foreign_Body....pdf (2M)

Word count: 1518

Character count: 8043

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ABSTRACT

A 3 years old dog, Golden Retriever breed, male , golden brown hair color, have brought to Veterinary Teaching Hospital Airlangga University, with a symptom for 3-4 days vomiting 2-3 times a day with food, defecation and urination is normal, soft faeces consistency, have not been vaccinated. After a physical examination followed by x-ray photographs showed that in gastric dog is there a possibility of a foreign body is swallowed. Finally it was decided to gastrotomy surgery to remove the foreign body. Operation process went successfully and after undergoing surgery for 1 week later the dogs had been allowed to go home.

Keywords : foreign body, surgical, dog stomach

INTRODUCTION

¹ The dog stomach is a sac like structure designed to store large volumes of food and begin the digestive process. Once eaten, most food leaves the stomach within twelve hours after entering through the pyloric sphincter area and then enters the duodenum (small intestine). Foreign bodies of the stomach are items found in the puppy stomach that should not be there. Puppies, by nature, love to chew and play with non-food things and may intentionally or accidentally swallow these substances. Commonly found stomach foreign bodies include balls, marbles, coins, stones, bottle caps, bones, sticks, clothing, buttons, paper clips, fish hooks, etc. All are capable of being swallowed, but may not exit the stomach and instead, become lodged there (Foster, 2005)

Dogs of all ages can be affected by the case, but it is common in dogs under two years because the dog ages, always suspicious or curious about new things, likes to dig, chew stuff - stuff until finally swallowing (PetPlace Veterinarians, 2008). Allan and Blogg, 1992 stating dogs, especially puppies love to chew, and it was a way for them to recognize new objects. Therefore the trend to the onset of gastrointestinal obstruction either partial or total of the dog is great.

Foreign body especially the strings or cords can cause perforation of the small intestine and abdominal contaminate the material from the small intestine. This can result in peritonitis because bacteria grow rapidly and cause sepsis. To determine the presence of a foreign body in the gastric endoscopy should be performed, although the case remain operative gastrotomy action is required to take the foreign body (Marsolais, 2004) .

CASE DESCRIPTION

On Monday, December 10, 2007, came a dog breed Golden Retriever 3 years golden brown color with a general look normal conditions. Having done diagnose, obtain the following information: have not been vaccinated, eating and drinking normally, normal urination, faeces mushy consistency, frequency of vomiting with food 2-3 times a day and lasts for 3-4 days, no information was allegedly swallowing dog rubber ball as an ordinary rubber ball used to play was not found . After a thorough examination obtained: weight 28 kg, temperature 39⁰ C; pulsus 120/second; respiration 40/second, normal turgor, mucous membranes normal.

RADIOGRAPHICALEXAMINATION

With considering the history and clinical symptoms, foreign body was found (Fig.1) in the lateral position abdominal X-ray.



Fig.1. The abdominal position of the foreign body in the case seen on lateral X-ray (arrow)

TREATMENT

We therefore decided to remove the foreign body through a gastrotomy. Xylazine HCL (1mg kg⁻¹) and Ketamine HCL (20mg kg⁻¹) was intramuscularly administered to put the dog under general anesthesia with dorsal recumbency for surgical treatment. Then, animal were prepared for operation according to the technique applied by Fossum, 2002. Made a stab incision into the gastric wall with a No. 10 blade. Often the mucosa will retract from the blade and will need to be incised separately to enter the gastric lumen. Extend the incision with Metzenbaum or Mayo scissors . Remove liquid gastric contents with suction by using a Poole suction tip to decrease the risk of contamination from spillage.

Gastric incision can be enlarged to extract foreign bodies and to allow thorough examination of the gastric mucosa and lumen (see in fig 2). An index finger can be inserted through the pylorus to check patency and

diameter. If a distal esophageal foreign body is present, gently insert blunt-ended forceps (e.g. Carmalt or sponge forceps) through the lower esophageal sphincter to grasp the foreign body. If the foreign body cannot be easily retracted into the stomach, incise the diaphragm, and with one hand in the thorax, manipulate the foreign body within the esophagus while attempting to grasp the object with the transgastric forceps.

The gastric incision is usually closed in two layers with synthetic, monofilament, absorbable suture to reduce intraluminal bleeding and form a secure seal. The first suture layer should appose mucosa with a continuous suture pattern to prevent postoperative hemorrhage. This suture will be rapidly covered during the healing process and, therefore, become isolated from digestive degradation. Closure can be full-thickness or only incorporate the mucosa. The second suture layer should include serosa, muscularis, and submucosa in an inverting Lembert or Cushing suture pattern with 2-0 or 3-0 monofilament absorbable suture. Tapered needles are recommended for use in the stomach since they pass through the wall easily and are less traumatic (Rasmussen,2003).



Fig 2. Operations gastrotomy raised its foreign body such as a rubber ball

DISCUSSION

Obstruction of the digestive tract either gastric or intestine common in dogs. This behavior is caused by a dog, especially young dogs under 2 years old who likes biting things going on that are new to him or a toy for him. For owners in this regard should be careful in giving or observing objects made toys. Later in check if after the object is used to play is still intact or has been reduced even disappear. Cases like this come always in a state of emergency and requires immediate treatment. If the obstruction is partial and not total it happened recently, then the condition still looks normal dog vomiting may only be fed food every time, but it will continue to be severe if not treated immediately. Other accompanying symptoms are loss of appetite, vomiting more often result in dehydrated animals, body condition lethargy, weakness, depression, and sometimes with both bloody diarrhea and no bleeding, no pain abdominal area (Marsolais, 2004)

Many dogs with cases of gastric obstruction by a foreign body of clinical symptoms appear is vomiting or not eating for a while. It requires action to restore lost fluids (rehydration) and restore the balance of acids and bases as well as electrolytes. Fluid therapy should be given through an IV so I can quickly correct the fluid deficit. There are two primary methods in this case the endoscopy or surgery (surgery). Using a flexible endoscope tube with a camera that can guide and give clues about the existence of a foreign body (foreign body). This tool can be used if there is a foreign body in the gastric, if it is in the small intestine should be performed operative action. The advantage is no need to make incisions, quicker handling time and recoveri patients faster, accurate object types and can be seen by the camera, the drawback is the tool could not take the material inside the small intestine such as rock, or a rubber ball(PetPlace Veterinarians, 2008).

Post operation give antibiotic treatment for 5 days post surgery parenterally, 24 hours post surgery, should not be given food at all, fluid therapy (Ringer's dextrose or Ringer's lactate) should be given continuously. Drink (water / milk) should be administered after the first 24 hours post surgery, and fluid therapy discontinued gradually. After 48 hours be given semi-liquid foods / protein-rich software for 3-4 days. But if there is vomiting, stop feeding immediately, and then be given metoclopramide (0.2 to 0.4 mg / kg) 3 times a day. After vomiting can be controlled, the food should not be given again. Up to 2 weeks post-surgery diet should be given in limited numbers (a little), because when the stomach is too full terutam first 3 days of food can cause vomiting (vomiting) and the possibility exists dehiscence (wound sutures are not linked) (Rasmusen,2003).

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